



Vermont

Transportation

Survey

Spring

**1 9 9 4**

Vermont

Agency

of

Transportation

# GENERAL INFORMATION

## **What Do We Want To Know?**

Just a few things about your household, plus information on one day's worth of trips made by persons living at your residence.

## **Why Did We Pick You?**

We can't ask everyone. That would take too long and cost too much, so we choose households at random. Yours was one of the lucky ones.

## **Is It Easy To Do?**

Surprisingly easy. It's not as hard as it looks. You check boxes or circle things wherever possible. We even made it easier to record trips by asking you to tell us about an upcoming day rather than one that has already passed. That way you'll be ready for it.

## **How Long Will It Take?**

After becoming familiar with what to do, most families will be able to do this in a few minutes. Larger households or ones that make lots of trips will need a little more time. Regardless, this is a great opportunity to get everyone in the house involved in a project.

## **What About Privacy?**

We don't ask for your name or those of any members of your household. Everything is listed only by person number. The information you give us is **CONFIDENTIAL** and will be combined with responses received from many others all across the state.

## **Is Your Participation Important?**

Yes, it's very important. Since we can only survey a small sample of households statewide, the more responses we get, the better the information we'll have.

## **What's In It For You?**

First, you'll feel good because you did a good deed. Second, you'll know you helped to improve transportation facilities in your area and throughout Vermont. Third, it'll be fun doing something together as a family.

## **How Can You Contact Us?**

If you have questions about the survey, about how to fill out the forms, or if you need more forms, please call us toll free at **1-800-277-6477** anytime between 8:00 A.M. and 5:00 P.M., Monday through Friday. We'd be glad to hear from you.

Now that you've read this preliminary information, please continue with the next section on "Helpful Hints." It'll tell you everything you need to know about how to complete the survey.



# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 1

7-8

(for trips starting after midnight on the first weekday after receiving the survey)

71

On what day of the week were these trips made? Circle one (must be a weekday):

1 2 3 4 5  
Mon Tue Wed Thur Fri

On what date were these trips made?

1994

Month Day Year

1-5 -2  
6

11

12-16

17-20/21

22/23

24

25-29

30-33/34

9-10

## Beginning of Trip

## End of Trip

Trip No. ↓	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other) Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	1 <input type="checkbox"/> Drove car (No. in car, including driver____) 2 <input type="checkbox"/> Public bus 5 <input type="checkbox"/> School bus 3 <input type="checkbox"/> Walked 6 <input type="checkbox"/> Rode bike 4 <input type="checkbox"/> Other_____	1 <input type="checkbox"/> Home 2 <input type="checkbox"/> Work 3 <input type="checkbox"/> Store 4 <input type="checkbox"/> School 5 <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

**Please tell us the following about your household:**

Telephone No.: (802) \_\_\_\_\_ (if we have to clarify something about your survey response)

Town in which you live: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Street Address:**

**If no street address, give best information to locate residence geographically**

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P.O. Box No. or RFD Route No.: \_\_\_\_\_

7-11

Type of residence (check one)    1 ☐ Single family    3 ☐ Apartment    5 ☐ Other (specify):  
    2 ☐ Condominium    4 ☐ Mobile home    \_\_\_\_\_

**This residence is (check one):**    1 ☐ Permanent    2 ☐ Seasonal

How many members make up this household (including live-in domestic workers)?:

What are the ages of each member?: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_ 9\_\_\_\_

Show which are male (M) or female (F): 1      2      3      4      5      6      7      8      9     

7 -- employed: 1 2 3 4 5 6 7 8 9

Check the primary -- homemaker: 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ 9\_\_\_

status category for -- student: 1 2 3 4 5 6 7 8 9

each member:      -- not working: 1   2   3   4   5   6   7   8   9

-- retired: 1 2 3 4 5 6 7 8 9

Check which are licensed drivers: 1 2 3 4 5 6 7 8 9

How many vehicles are normally available for use at this address? \_\_\_\_\_

Total annual household income range (circle one group):	1	Under 10,000	4	20,000—29,999	7	50,000—59,999	10	80,000—89,999
	2	10,000—14,999	5	30,000—39,999	8	60,000—69,999	11	90,000—99,999
	3	15,000—19,999	6	40,000—49,999	9	70,000—79,999	12	100,000 or over

**Please answer the following questions:**

1. Most of Vermont's transportation funds come from a tax on gasoline. Would you favor a 5 cent/gallon increase in that tax to adequately fund maintenance of existing transportation facilities? Strongly favor ☐1 Somewhat favor ☐2 No opinion ☐3 Somewhat oppose ☐4 Strongly oppose ☐5

2. What about a 5-cent/gallon increase in the gasoline tax to adequately fund new projects designed to relieve traffic congestion?

Strongly favor ☐1   Somewhat favor ☐2   No opinion ☐3   Somewhat oppose ☐4   Strongly oppose ☐5

3. How important is recreational bicycling to your family?  
Very important ☐<sub>1</sub>      Moderately important ☐<sub>2</sub>      Not important ☐<sub>3</sub>

4. About how many recreational bicycle trips do members of your family make in a week?

**Please use this space to tell us anything you wish about transportation:**

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 2

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other) Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 3

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Beginning of Trip					End of Trip		
Trip No. ↓	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		: AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 4

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 5

(for trips starting after midnight on the first weekday after receiving the survey)

**Attention!** The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Beginning of Trip					End of Trip		
Trip No. ↓	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet



# TRIP DIARY FOR HOUSEHOLD MEMBER NO. 6

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

If this household member made more trips, please continue on one of the extra forms at the end of the booklet

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		_____ AM PM (nearest 5 min.)

(for trips starting after midnight on the first weekday after receiving the survey)

Attention! The date of these trips should be the same as that shown on the sheet for Household Member No. 1

Trip No. ↓	Beginning of Trip				End of Trip		
	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)	Trip Method (check one, specify if other)  Note: Do NOT report trips if you are a car passenger.	General Location (check one)	Specific Location (write address, place name, or nearest street intersection)	Time (write time & circle AM or PM)
1	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
5	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
6	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
7	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
8	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
9	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)
10	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)	<input type="checkbox"/> Drove car (No. in car, including driver____) <input type="checkbox"/> Public bus <input type="checkbox"/> School bus <input type="checkbox"/> Walked <input type="checkbox"/> Rode bike <input type="checkbox"/> Other_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Store <input type="checkbox"/> School <input type="checkbox"/> Other		____:____ AM PM (nearest 5 min.)